

Application Data Sheet

Application Information

Application number::

Filing Date:: January 15, 2004

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: NON-SURGICAL INCONTINENCE TREATMENT
SYSTEM AND METHOD

Attorney Docket Number:: 017761-003610US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 17

Total Drawing Sheets:: 27

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Oren
Middle Name:: A.
Family Name:: Mosher
Name Suffix::
City of Residence:: Castro Valley
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 6354 Mount Olympus Drive
City of Mailing Address:: Castro Valley
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94552

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Carine
Middle Name::
Family Name:: Hoarau
Name Suffix::
City of Residence:: Pleasant Hill
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 698 Paso Nogal
City of Mailing Address:: Pleasant Hill
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94523

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Abdul
Middle Name:: M.
Family Name:: Tayeb
Name Suffix::
City of Residence:: San Leandro
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 531 Dowling Boulevard
City of Mailing Address:: San Leandro
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94577-1905

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: George
Middle Name:: L.
Family Name:: Matlock
Name Suffix::
City of Residence:: Pleasanton
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 7755 Fairbrook Court
City of Mailing Address:: Pleasanton

State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94588

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Daniel
Middle Name:: D.
Family Name:: Merrick
Name Suffix::
City of Residence:: Dublin
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 7518 Amarillo Road
City of Mailing Address:: Dublin
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94568

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Terry
Middle Name:: E.
Family Name:: Spraker
Name Suffix::
City of Residence:: Portola Valley
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 2 Creek Park Drive

City of Mailing Address:: Portola Valley
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94028

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/440,711	01/16/03

Foreign Priority Information

Country::	Application number::	Filing Date::
-----------	----------------------	---------------

Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::